

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 341920

1. Corporation Name
SCLK, INC.

Principal Place of Business
**1140 NW 55TH ST
FT LAUDERDALE FL 33309**

Mailing Address
**1140 NW 55TH ST
FT LAUDERDALE FL 33309**

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90117 029 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/20/1969

4. FEI Number
59-1266779

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 **5408 N.W. 12 Avenue**

26 **2807 N.E. 26 Place**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **Ft. Lauderdale, FL**

City & State

28 **Ft. Lauderdale, FL**

Zip Country

24 **33309** 25 **U.S.**

Zip Country

29 **33306** 30 **U.S.**

9. Name and Address of Current Registered Agent

**CHRISTOPHER P. WILLIAMS
2514 NE 21 STREET
FT LAUDERDALE FL 33305**

10. Name and Address of New Registered Agent

81 Name **Susan H. Williams**

82 Street Address (P.O. Box Number is Not Acceptable)
2807 N.E. 26 Place

83 **Ft. Lauderdale**

84 City **Ft. Lauderdale** 85 Zip Code **FL 33306**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **Susan H. Williams**

1-18-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D WILLIAMS, SUSAN H**
STREET ADDRESS **2807 NE 26 PLACE**
CITY-ST-ZIP **FT LAUDERDALE, FL 00000**

TITLE ☐ DELETE
NAME **DVP WILLIAMS, CHRISTOPHER**
STREET ADDRESS **2807 NE 26TH PLACE**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Susan H. Williams**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-99
Date

954-563-4533
Daytime Phone #

CR2E034 (1/198)